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Jefferson County  
Health Department



**Public Health**  
Prevent. Promote. Protect.

2015 Annual Report



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# Mission Statement

The mission of Jefferson County Health Department is to protect and promote health for all citizens of Jefferson County through the primary prevention of disease, disability and death.

The mission is accomplished by:

- ✓ *Supporting the primary Public Health functions - assessment, policy development and assurance*
- ✓ **Providing community leadership and active membership in partnerships**
- ✓ **Creating policies and plans that support individual and community health efforts**
- ✓ *Preventing morbidity and mortality from communicable and chronic diseases*
- ✓ **Providing educational opportunities for students**
- ✓ *Enforcing and complying with local, state and federal laws*
- ✓ **Promoting and ensuring healthy environments**
- ✓ *Assuring Public Health preparedness and emergency response*
- ✓ **Educating the public about healthy lifestyles**
- ✓ *Providing direct services to identified populations*
- ✓ **Linking people to needed health services and available resources**
- ✓ *Compiling and analyzing data to monitor the health status of the community*
- ✓ **Collaborating with hospitals and community organizations to produce a Community Health Assessment and Community Health Improvement Plan**
- ✓ *Maintaining an experienced and competent workforce of health professionals*

# Board of Health

**Dick Schultz, Chair**

*Jefferson County Board of Supervisors Member*

**Ed Morse, Vice-Chair**

*Jefferson County Board of Supervisors Member*

**Marie Wiesmann, RN, BSN, Secretary**

*Manager of Quality & Integrated Care, Fort HealthCare*

**John McKenzie**

*Citizen Member*

**Dr. Don Williams**

*Internal Medicine and Pediatric Physician*

*Jefferson County Health Department Medical Advisor*

The Jefferson County Board of Health met five times in 2015 to provide oversight of Health Department programs and services, to learn more about specific programs and projects and to make policy decisions. Some highlights of 2015 include:

- Approved the Consolidated Grant Contracts for grant funding for Childhood Lead Poisoning Prevention, Immunization, Maternal and Child Health, Women, Infants and Children (WIC) and Wisconsin Well Woman Program grant funding.
- Recommended to the full County Board that the Jefferson County Smoke Free Air Act, Ordinance No. 2003-06, be amended to include prohibition of the use of E-Cigarettes and other electronic delivery devices where smoking is prohibited on County property. This was passed by the full County Board.
- Passed a resolution, subsequently passed by the full County Board, opposing preemption of local legislation to reject the use of E-Cigarette products in all facilities.
- Monitored the potential sale of Palcohol in Wisconsin and recommended a resolution that the introduction of Palcohol would be adverse to Public Health; supported a ban on the sale of Palcohol. This was put on hold pending the outcome of SB 10 and AB 72 prohibiting the sale of Palcohol in Wisconsin.
- Recommended the adoption of new fees for the facilities licensed by Jefferson County Health Department as an agent for the Wisconsin Department of Health Services and the Wisconsin Department of Agriculture, Trade and Consumer Protection.



# Board of Health

- Developed a letter to the State Health Officer stating the Board's concerns about moving the Wisconsin State Lab of Hygiene at UW-Madison to the Department of Agriculture, Trade and Consumer Protection and transferring the General Purpose Revenue (GPR) funding from the Wisconsin State Lab of Hygiene to the Wisconsin Department of Health Services and the Wisconsin Department of Natural Resources.
- Supported the addition of a new benefited LPN position to provide services at the Jefferson County Health Department and at the County Jail.
- Agreed that homeowners or landlords who are ordered to abate lead hazards on their properties may appeal these orders to the Board of Health.
- Sent a letter to the Wisconsin Department of Health Services requesting that the State of Wisconsin statutes reflect the CDC intervention guidelines for follow-up on blood lead levels in the 5 – 9 mcg/dl range.
- Passed a resolution in support of State funding of comprehensive, sustainable, effective and evidence based communicable disease control and prevention.
- Reviewed communicable disease case reports for trends and surveillance.
- Provided oversight of the 2015 Health Department budget and recommendation of the 2016 budget.
- Reviewed the Environmental Health Program for issues with facilities and nuisance complaints.
- Reviewed Public Health Preparedness Program and exercises to assure readiness to respond.
- Monitored the status of the Rock River Free Clinic and the Community Dental Clinic for assurance of health/dental care for those in need.
- Monitored the Personal Care Program services and budget.



# 2015 Staff

## Director/Health Officer

Gail Scott, RN, BSN

## Public Health Program Manager

Diane Nelson, MSN, RN

### Clerical Support Staff

Sally Albertz ♦

Administrative Assistant II

Sandee Schunk

Accounting Specialist II

Wisconsin Well

Woman Program Coordinator

### Environmental Health

Holly Hisel, Technician\*

Environmental Health Specialist

Jeff Larkin\*

Environmental Health Specialist

Ted Tuchalski, RS\*

Environmental Health Specialist

\*Watertown Health  
Department Employee

### Interpreters

Paul Camacho

Cecilia Lentz

Socorro Olson

Elizabeth Pizano

Vilma Staude

Juanita Villalobos

♦Retired May 1, 2015

### Public Health Nurse (Jail)

Tania Wenzel, RN, BSN

### Public Health Techs (Jail)

Nicole Degner, LPN

Resigned 01/18/2015

Michelle Eichenberg, LPN

Resigned 09/29/2015

Melissa Goodearle, LPN

Melissa Koenigs, LPN

Diane Lenz, LPN

Sarah Luebke, LPN

### Public Health Nurses

Jackie Behm, RN, BSN ♦

Kathy Cheek, RN, BSN ♦

Amy Fairfield, RN, BSN

Serena Jahnke, RN, BSN

Mary Magnuson, RN, BSN

Emi Reiner, RN, BSN, MPH

Nancy Schneider, RN, BSN

Mary Stearns, RN, BSN ♦

Katrina Waldron, RN, MSN

### Public Health Tech

Shirley Gehrke, LPN ♦

Office/Clinic

### Personal Care Program

Michele Schmidt

Administrative Assistant II

Patty Pohlman

Administrative Assistant II

Marsha Hake, RN, BSN

Public Health Nurse

### Clinic LPN

Bonnie Peot, LPN

Rock River Free Clinic

### Public Health Preparedness Program

Gail Scott, RN, BSN

Local Coordinator

### WIC Program Staff

Mary Wollet, RD

WIC Project Director/Supervisor

Vicki Gallardo, RDT

WIC Registered Dietetic Tech

Marsha Hake, RN, BSN

Public Health Nurse

Patty Pohlman

Administrative Assistant II

M. Socorro Olson

WIC Breastfeeding Peer

Support Counselor

Resigned 12/17/15

Amber Kruesel

WIC Breastfeeding Peer

Support Counselor

Dawn Wokasch

WIC Breastfeeding Peer

Support Counselor

Resigned 11/14/15



# Welcome New Staff!



**Mary Magnuson**, RN, BSN, Public Health Nurse, is a native of Duluth, MN and currently resides in Deerfield, WI. Most recently, she had been providing case management for WI Family Care at NorthernBridges in Douglas County and hospital case management for Essentia Health St. Mary's in Duluth. She previously enjoyed working as a Public Health Nurse in Freeborn County, MN and Douglas County, WI and is very excited to be back in the role of PHN with Jefferson County! Mary has a son that just graduated from college and a daughter that is a Freshman in college. Both reside in the Twin Cities. She and her family enjoy spending time outdoors, gardening, boating, fishing and camping. "Public Health Nursing has always been my favorite! I love the variety and opportunity to develop long-term relationships with families and make a difference in their lives."

**Emi Reiner**, RN, BSN, MPH, Public Health Nurse, previously worked in Alcohol and other Drug Abuse (AODA) prevention and tobacco control at the Wisconsin Clearinghouse for Prevention Resources. Emi is a graduate of UW-Madison with a BS in Biology and a BSN in Nursing. She received her Master's Degree in Public Health (MPH) from George Washington University. Emi enjoys working in Public Health, especially working with families, as she finds it challenging and rewarding at the same time. She likes the focus on education and working "upstream" of problems and the variety of the work. One of Emi's goals is to develop a more comprehensive Oral Health Program at the Health Department. Her personal interests include traveling and seeing new places. "I enjoy working at the Health Department because the staff is great and they've been very supportive of the projects I am working on including the Oral Health Program. I am always learning something new."



**Nancy Schneider**, RN, BSN, Public Health Nurse, is originally from Jefferson County, growing up in Watertown. Following the completion of nursing school, Nancy lived and worked in Madison, but eventually moved back to the Fort Atkinson area. Nancy and her husband have two children, one attending college at UW Madison and the other is a sophomore in high school.



Her nursing experience includes working on the neurology floor and in the ICU at St. Mary's Hospital, in-patient psych at Rogers Memorial and Home Health for Jefferson County. After 5 years with the County, Nancy left to return to school, with the intention of someday returning to work as a Public Health Nurse. During that interim (17 years, got a little side tracked) Nancy worked for a group home company out of Whitewater, initially as a nurse, but most recently as the Regional Director.

This past year Nancy returned to the County and is finally a Public Health Nurse. "The job is all I imagined and more. I am enjoying the diversity of the people I work with including expectant parents, families with newborns, the Community Support Program/Lueder Haus, the Head Start Program, families learning about car seat safety (from teaching parents how to install to teaching young children the importance of booster seat safety)...and beyond. Thanks for inviting me back!"

# 2015 Budget

Program	Funding Source	Revenue	Expenditures
Childhood Lead Poisoning Prevention Grant	Federal Grant General Tax Levy	\$6,621	\$13,407
Environmental Health	General Tax Levy	\$0	\$35,000
Rock River Free Clinic LPN	Rock River Free Clinic	\$40,419	\$40,419
Head Start Nursing	Head Start Program	\$5,424	\$5,424
Immunization Coalition (HPV) Grant	UW WI Cancer Control Program & Federal CDC Grant	\$6,595	\$8,594
Immunization Grant	Federal Grant General Tax Levy	\$14,629	\$19,787
Maternal & Child Health Grant	Federal Grant General Tax Levy	\$21,569	\$34,469
Mental Health Nursing	Human Services	\$13,067	\$13,067
Personal Care (**WIMCR = Wisconsin Medicaid Cost Reporting)	MA, Private Pay, COP, Elderly Services, National Caregiver/Alzheimers Grant, Veterans Admin., Care WI, Inc., WIMCR**	\$212,473	\$177,186
Public Health	Fee for Services, Donations General Tax Levy	\$58,803	\$958,790
Public Health Improvement/QI Grant	Federal Grant	\$237	\$240
Public Health Preparedness Grant	Federal Grant	\$62,684	\$62,428
Public Health Preparedness Grant - Ebola	Federal Grant	\$8,361	\$8,361
Public Health Preparedness Grant	Municipal Funding Carryover	\$0	\$4,905
Tuberculosis Dispensary	Wisconsin TB Program	\$431	\$43
WIC Breastfeeding Peer Counseling Grant	Federal WIC Grant	\$10,422	\$10,422
WIC Grant	Federal WIC Grant/State GPR	\$317,180	\$317,181
WIC Fit Families Grant	Federal WIC Grant/State GPR	\$16,199	\$16,004
Wisconsin Well Woman Grant	Federal Grant General Tax Levy	\$9,662	\$12,609
	2015 General Tax Levy	\$875,223	\$0
<b>Total</b>		<b>\$1,679,999</b>	<b>\$1,738,336</b>
<b>2015 Deficit</b>		<b>(\$58,337)</b>	

# Donations

## Cribs for Kids

Randy Schopen Foundation - \$500



**Randy Schopen**  
*Give Someone A Chance*  
**Foundation, JCF**

Jefferson Kiwanis - \$500



## Quilts for Kids

Holy Family Quilters – beautiful quilts



## Car Seats for Kids

Client Donations for Car Seats - \$40





# Programs and Services

## Access to Care

- Partnerships with: Community Dental Clinic & Rock River Free Clinic
- Wisconsin Well Woman Program



## Communicable Disease Control

- Communicable disease case management & prevention education
- Education & resources for medical providers & vaccine distribution
- Immunization Program & Wisconsin Immunization Registry (WIR)
- Rabies prevention & control
- Response to food, water or disease outbreaks
- Tuberculosis case management & dispensary
- Wisconsin Electronic Disease Surveillance System (WEDSS)

## Community Health Assessment

- Community Health Assessment (CHA) completed every five years
- Community Health Improvement Plan (CHIP) developed from the CHA
- Analysis of County Health Rankings
- Provision & analysis of health related data
- Collaboration with local hospitals & others in the development and implementation of CHA and CHIP



## Community Health Education

- Information to the community
- Distribution of information at County Fair & Health Fairs
- Health education, press releases to media & radio interviews
- Health Department Website & Facebook Page
- Public Information Officer during disasters or outbreaks

## Correctional Health Program

- Clinical Nursing Services in the jail & court
- Education of staff & inmates
- Infection control resource & provision of vaccinations

## Education of Students

- School Nursing & screening services
- Community Health Clinical placement site for students

## Environmental Health Program

- Agent of the State for Department of Agriculture
- Agent of the State for Department of Health Services
- Beach water sampling & weekly pool water testing
- Disaster, chemical hazards & spill response
- Follow-up on human health hazard complaints
- Indoor air quality, asbestos, radon & lead education
- Transient well water sampling & inspections



# **Programs and Services**

## **Healthy Lifestyles**

- Eat Here, Eat Well
- Wellness Committees in County communities
- Priority area for Community Health Improvement Plan

## **Maternal & Child Health**

- Car seat safety & education program
- Childhood Lead Poisoning Prevention Program
- Children & Youth with Special Health Care Needs
- Dental Varnish Program
- Head Start Nursing consultation
- Home Visiting & Parenting Partnership
- Newborn Family Services
- Prenatal Care Coordination
- Pregnancy & paternity testing
- Well Child Clinics
- Woman, Infants & Children Program (WIC)



## **Mental Health Nursing Services**

- Community Support Program & medication management

## **Public Health Preparedness/Disaster Response**

- 24/7 On-Call and emergency/disaster response
- Business Continuity of Operations Plan
- Capabilities Assessment completed
- Communications training & exercises
- Disaster, Pandemic Influenza & Mass Clinic exercises & planning
- Emergency/disaster communication with local & regional media, medical providers, EMS, Police, Fire, County & local government
- Member of the Local Emergency Planning Committee
- PCA Portal, E-Sponder & Epi-X
- Health Department & County Emergency Operations Plan
- Partnerships/planning with Fort HealthCare & Jefferson County Emergency Management
- Preparedness training for staff & management
- Provision of resources for other County departments
- Southern Region Public Health Preparedness planning & exercises
- Special Needs Populations disaster response planning



## **Tobacco Prevention & Control Program**

- Education about other tobacco products
- Wisconsin Tobacco Quit Line & FAX to Quit
- Tobacco Free Partnership – Dodge, Jefferson & Waukesha

# Public Health Statistics

Program or Service	2015
Car Safety Seat Inspections/Installations	80
Cribs (Pack N Plays) Distributed	15
Communicable Disease Investigations	468
County Jail Client Visits	4,526
Health Education Attendees/Sessions	1,853/26
Hearing & Vision Screening	625
Hearing & Vision Referrals	21
Immunization Clients	1,333
Immunizations Given	1,846
Lead Level Screenings	576
Lead Level $\geq 10\mu\text{g}/\text{dL}$ (elevated)	7
Lead Level 5-9 $\mu\text{g}/\text{dL}$ (recommended prevention level)	39
Mental Health Client Visits (Community Support Program)	537
Office Clients (TB skin tests, BP checks, medications, paternity tests)	441
Pregnancy Tests	39
Public Health Nurse Contacts	3,380
Well Child/HealthCheck Clinic Clients	30
Well Water Samples	29
WI Well Woman Program Enrolled or Re-Enrolled	42
WIC Breastfeeding Peer Support Visits	505
WIC Monthly Caseload Average	1,305
WIC Dollars Expended at Local Grocery Stores	\$843,473
WIC Dollars Expended at Farmer's Markets	\$9,584

# County Jail Statistics

Nurse Sick Calls	4,181	Respiratory Treatment	48
Tuberculosis (TB) Skin Tests	559	MD Sick Calls	44
Mental Health Meds	278	Communicable Disease Issues	39
Lab Work	255	Radiology (off-site)	32
Benzo/Opiate Withdrawals	197	Mental Health Eval by MD	28
Off-site Referrals (ER – 75, consults – 87, surgery – 9)	171	Visits to Dentist	17
Nutritional Services	162	Suicide Attempts	6
Dental Care Sick Call	126	Latent Tuberculosis	3
Alcohol Withdrawals	109	Suicide Completions	0
<b>Chronic Disease (number of inmates seen)</b>			
Cardiac/Hypertension	104		
Diabetes	50		
Asthma	49		
Seizures	22		
Pregnancy	19		
Hepatitis C	4		

# Communicable Disease Cases

January 2015 – December 2015

Disease	Confirmed	Probable	Suspect	Not a Case	Total
<b>Category I</b>					
<b>*Haemophilus Influenzae Invasive Disease</b>	1	0	0	1	2
<b>*Hepatitis A</b>	0	0	0	5	5
<b>*Measles</b>	0	0	1	2	3
<b>Meningococcal Disease</b>	0	0	0	1	1
<b>*Pertussis (Whooping Cough)</b>	4	1	5	87	97
<b>Rubella</b>	0	0	0	1	1
<b>Tuberculosis</b>	0	0	4	3	7
<b>VRSA/VISA</b>	1	0	0	0	1
<b>Category II</b>					
<b>Arboviral Disease (tick or mosquito)</b>	0	0	0	1	1
<b>Babesiosis (tick)</b>	1	0	0	1	2
<b>Blastomycosis</b>	2	0	0	0	2
<b>Brucellosis</b>	0	0	0	1	1
<b>Campylobacteriosis (GI disease)</b>	18	1	0	0	19
<b>Chlamydia Trachomatis Infection (STD)</b>	158	0	1	0	159
<b>Cryptosporidiosis (GI disease)</b>	15	1	0	0	16
<b>Ehrlichiosis/Anaplasmosis</b>	0	0	0	1	1
<b>Giardiasis (GI disease)</b>	7	0	0	0	7
<b>Gonorrhea (STD)</b>	22	0	1	0	23
<b>*Hepatitis B</b>	4	1	2	6	13
<b>Hepatitis C</b>	65	12	1	1	79
<b>Histoplasmosis</b>	1	0	0	0	1
<b>*Influenza</b>	20	0	1	6	27
<b>Invasive Streptococcal Disease A &amp; B</b>	14	0	0	7	21
<b>Legionellosis</b>	1	0	0	0	1
<b>Lyme Disease (tick)</b>	9	3	22	20	54
<b>*Mumps</b>	1	0	2	10	13
<b>Mycobacterial Disease (Nontuberculosis)</b>	6	1	0	0	7
<b>Pathogenic E.Coli</b>	33	0	2	0	35
<b>Pelvic Inflammatory Disease</b>	3	0	0	1	4
<b>Q Fever</b>	0	0	1	1	2
<b>Rheumatic Fever</b>	0	0	0	1	1
<b>Salmonellosis (GI disease)</b>	9	0	2	0	11
<b>Shigellosis</b>	1	0	0	0	1
<b>Streptococcus Pneumoniae Invasive Disease</b>	8	0	0	1	9
<b>Syphilis (STD)</b>	2	0	0	6	8
<b>Toxoplasmosis</b>	0	0	0	1	1
<b>*Varicella (Chickenpox)</b>	11	1	0	3	15
<b>Vibriosis, Non Cholera</b>	1	0	0	0	1
<b>Yersiniosis</b>	1	0	0	0	1



# Communicable Disease Cases

January 2015 – December 2015

Disease	Confirmed	Probable	Suspect	Not a Case	Total
<b>Environmental</b>					
<b>Metal Poisoning (Non-Lead)</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>7</b>
<b>Not-Reportable</b>					
<b>Animal Bite</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Herpes, Genital (1<sup>st</sup> Episode)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Influenza (not reportable)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>
<b>Norovirus (GI disease)</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Not Reportable</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>19</b>
<b>Pathogenic E.coli</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>7</b>
<b>Streptococcal Infection Other Invasive</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>7</b>
<b>Tuberculosis Latent Infection</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>Vancomycin-resistant Enterococci (VRE)</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Total</b>	<b>447</b>	<b>21</b>	<b>49</b>	<b>187</b>	<b>704</b>

GI = Gastrointestinal Disease, STD = Sexually Transmitted Disease, \*Vaccine Preventable Disease

## Communicable Disease Reporting Requirements

The diseases and conditions listed above are considered to have significant Public Health impact and any confirmed or suspected cases must be reported promptly.

Requirements for the timing of reporting, once the disease or condition is recognized or suspected, vary by disease. In addition to the information listed below, general reporting requirements are described in Wisconsin Statute Chapter 252 Communicable Diseases. The specific reporting requirements are described in Chapter DHS 145 Control of Communicable Diseases. A list of reportable conditions is provided in Chapter DHS 145 - Appendix A.



### Category I

These diseases are of urgent Public Health importance and shall be reported IMMEDIATELY by telephone or fax to the patient's Local Health Officer upon identification of a case or suspected case. In addition to the immediate report, complete and submit a case report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report or by other means. Public Health intervention is expected as indicated. See Chapter DHS 145.04 (3) (a) and Chapter 252.05.

### Category II

These diseases shall be reported to the Local Health Officer either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report or by other means within 72 hours upon recognition of a case or suspected case. Public Health intervention is expected as indicated. See Chapter DHS 145.04 (3) (b) and Chapter 252.05.

# Personal Care Program

For over 28 years the Health Department Personal Care Program provided services that enabled elderly or disabled residents and children with special health care needs to remain independent at home. Serving an average of over 400 clients per month and providing up to 332,059 hours of service per year, this program successfully assisted clients to remain safely in their homes.

In 2008, the State of Wisconsin made the decision to implement “Long Term Care Reform” and move in-home services for elderly and disabled clients from counties over to new *Family Care and Partnership* programs. Clients were scheduled to be transitioned to Care Management Organizations (CMO’s) starting in September 2008. This decision had a huge financial impact on the Personal Care Program that the Health Department had successfully operated since January 1, 1987.



Long Term Care RNs continued to be employed by the Health Department under a one year contract with *Care Wisconsin*. At the end of 2009, most of the Long Term Care nursing staff went to work directly for *Care Wisconsin*.

The Personal Care Program continued to function as a “coordinating agency” under contracts with *Care Wisconsin* and local staffing agencies. However, the Personal Care Program that used to provide financial stability for the entire Health Department

slowly phased out due to loss of revenue and increased expenses. As an example...at the end of 2007, the Personal Care Program had revenue of \$5,832,680 offset by expenses of \$5,084,585 resulting in a net surplus of \$748,095. At the end of 2014, the Personal Care Program had revenue of \$955,417 offset by expenses of \$890,012 resulting in a net surplus of just \$65,405...a drastic decrease within a seven-year timeframe. During the 2015 budget preparation, it was determined that the Personal Care Program could not continue financially. By March 31, 2015, all Personal Care clients had been transitioned to the local staffing agencies and the Health Department’s Personal Care Program ended.

Over the years, many Health Department staff provided compassionate assessments and coordination of the Personal Care Workers for many clients. It was a hard transition for all involved including the clients, the Personal Care Workers and the Health Department staff. A special thank you to Michele Schmidt and Patty Pohlman, Administrative Assistants, who worked closely with the staffing agencies, Care Wisconsin and the clients to make the transition and closure of the program as easy as possible.

Due to the program ending 3/31/2015 – the Wisconsin Medicaid Cost Report will be submitted for the 3 month period when that process is opened for completion and a final settlement should be received in December 2016.

**2015 Revenue = \$152,546**  
**2015 Expenses = \$177,187**  
**Deficit = (\$24,641)**  
**2015 WIMCR Settlement = \$59,927**  
**Resulting in a surplus of \$35,286**

# Environmental Health

The Jefferson County Environmental Health Consortium is a partnership with Jefferson County Health Department & the City of Watertown Department of Public Health

## 2015 Statistics

Well inspections	43	Nitrite samples (new wells only)	1
Bacteria initial samples	156	Beach Water sampling (3 beaches)	39
Follow up bacteria samples	44	Radon Test kits distributed	400
Raw water bacteria samples	4	Radon kits sent to Alpha Energy for testing	270
Bi-monthly samples	8	Radon Media releases/displays/presentations	4
Nitrate initial samples	156	Health Hazard Complaints	115

## 2015 DHS & DATCP Agent Facility Inspections

Facility Type	Pre-Inspections	Routine Inspections	Re-Inspections	Onsite Visits	Complaints	Total
DHS Food	34	255	116	20	13	438
DATCP Retail Food	8	135	13	9	3	168
School Inspections	~	43	~	~	~	43
Tattoo & Body Piercing	2	~	~	~	~	2
Lodging	1	11	9	~	3	24
Campgrounds	~	18	~	~	1	19
Pools	3	35	38	181	4	261
Re-Ed Camps	~	4	1	~	~	5
<b>Total</b>	<b>48</b>	<b>501</b>	<b>177</b>	<b>210</b>	<b>24</b>	<b>960</b>

# Avian Influenza



## Health Department Outbreak Response

- Jefferson County Health Department received initial notification from the Division of Public Health (DPH) on Friday, April 10, 2015 of presumptive detection of a Highly Pathogenic Avian Influenza (HPAI) virus in a domestic poultry flock.
- Established point of contact for Division of Public Health & expectations of the Health Department to monitor workers for symptoms of Influenza.
- Public Health Program Manager informed staff they may be called in to work on Saturday to assist with worker interviews.
- Public Health Program Manager started to assemble needed information.
- Director/Health Officer, who was on vacation, received a text message and e-mailed Situation Report from Jefferson County Emergency Management Director, Donna Haugom, stating there was a presumptive diagnosis of Avian Influenza (H) type unknown. Director consulted with PH Program Manager to strategize response such as notifying interpreters of need to assist, assembling personal protective equipment (PPE), notifying County Administrator, how to handle calls from the media, needed message mapping.
- Consultation with DPH regarding background info and state/national Public Health recommendations.
- Contacted operator/manager of affected premises to obtain a list of employees and others who may have had contact with the affected flock within the past 10 days.
- Received recommendations from DPH for interviewing and monitoring of exposed persons, as well as recommendations on anti-viral prophylaxis for these persons.
- Received additional doses of anti-viral meds (Tamiflu) from DPH delivered by DPH Registered Nurse.
- Confirmation of Highly Pathogenic Avian Influenza (HPAI) influenza as H5N2 strain based on USDA testing.
- Notified County Administrator of confirmation and received confirmation information from local Emergency Management.
- Notified County Land and Water Conservation Department and UW-Extension Agriculture Agent.
- Arranged an in-person meeting with farm employees to perform interviews, discuss health monitoring and answer questions. Spanish interpreters accompanied the Public Health team.
- Obtained Tamiflu prescription from Health Department medical director for exposed persons without health insurance.
- Opened Health Department Emergency Operations Center with regular meetings/briefings for staff.
- Notified on April 22, 2015 of second poultry flock with HPAI; subsequent third farm also identified.
- Jefferson County Board Chair, Jim Schroeder, declares a "State of Emergency" for Jefferson County.
- Staff arranged for exams/cultures at Rock River Free Clinic of sick workers. All negative for Influenza.
- Repeated monitor of workers at 2<sup>nd</sup> and 3<sup>rd</sup> farms. No cases of human Influenza identified.
- Many meetings/communications between State Department of Health Services, Department of Agriculture, Federal USDA, County Land and Water Conservation, UW Extension Agriculture Agent and County Administration.
- HPAI "Hotwash" held in Madison on July 21, 2015 to evaluate Local, State and Federal response.



# Avian Influenza

## Avian Influenza Disease Basics

Avian Influenza (AI), or “bird flu,” is a virus that infects chickens, turkeys, pheasants, quail, ducks, geese and wild birds, particularly waterfowl. Direct contact with infected birds, contaminated objects/equipment and aerosol (short distances) can spread the virus which is found in feces, saliva and respiratory secretions.

All viruses are divided into two groups—highly pathogenic (HPAI) and low pathogenic (LPAI)—based on the ability of the virus to produce disease and the severity of the illness it can cause. HPAI spreads rapidly and has a high death rate in birds. LPAI causes only minor illness and occurs naturally in migratory waterfowl.



There are many strains of Avian Influenza (AI), many of which show little or no visible signs of illness and pose no threat to Public Health. Each year new strains of AI may appear throughout the world.

## Prevention

Biosecurity is a set of practices designed to reduce the risk of spreading disease from sick birds to healthy ones.

- Restrict access to property and keep sick birds away from other birds.
- Keep a designated pair of shoes to wear around sick birds, wash clothing after visiting birds and use disinfectants correctly.
- Clean and disinfect cages, poultry equipment and car tires after visiting a farm, store, poultry swap or other location with birds present.
- Keep new birds separate from existing flock for 30 days; quarantine returning birds from the rest of the flock after visiting a poultry swap, exhibition or other event.
- Do not share equipment or supplies with others or thoroughly disinfect them first.
- Wash hands before and after bird handling.

## Clinical Signs of Illness

Many birds with low pathogenic AI may not show any signs of illness. Poultry affected by any type of Avian Influenza can show many symptoms, including one or more of the following:

- Decreased food consumption, huddling, depression, closed eyes
- Respiratory signs, such as coughing and sneezing
- Decreased egg production, watery greenish diarrhea, excessive thirst
- Swollen wattles and combs
- High mortality and sudden death are specific to highly pathogenic AI infections.

### Human Health

The Avian Influenza strain detected in the United States causes no apparent human health concerns. No one in the U.S. has become ill from this strain. Avian Influenza has been found in other parts of the world, where there have been some cases of human illness from coming in contact with infected birds. It is safe to eat properly prepared poultry products, including meat and eggs.

# Preparedness Objectives

## Local Public Health Preparedness Contract Objectives CDC Cooperative Agreement Year 4: July 1, 2015 – June 30, 2016

### Background Information

The 15 target capabilities outlined in the CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* and the *Wisconsin Hazard Vulnerability Assessment*, provide the foundation for statewide Public Health emergency planning. Each year State and Local Public Health agencies evaluate the status of their planning efforts by completing the Capabilities Planning Guide (CPG) assessment. This assessment identifies areas of strength and potential areas for improvement allowing Local Public Health Agencies (LPHAs) to prioritize planning, funding and programming. Wisconsin is in the fourth year of a five year cooperative agreement with CDC for preparedness planning. Each year during the five-year cooperative agreement, Wisconsin identifies capabilities to be addressed statewide.

Based on the results of the annual CPGs and guidance from the Wisconsin Public Health Preparedness Advisory Committee, the four focus capabilities for budget period four will be:

- 5 – Fatality Management (CDC)
- 7 – Mass Care (CDC)
- 10 – Medical Surge (CDC)
- 15 – Volunteer Management (CDC)

Wisconsin's Public Health Emergency Preparedness (PHEP) Program considers CDC's Tier 1 capabilities (in yellow below) the foundation for building the remaining capabilities over the five-year period. LPHAs should address the additional capabilities in their daily, local Public Health functions and practices, as well as in routine planning and response. Medical Countermeasures Dispensing, Medical Material Management and Distribution, Public Health Laboratory Testing and Public Health Surveillance and Epidemiologic Investigation are considered core Public Health functions that will be maintained throughout the cooperative agreement.

2012-2013 Year 1	2013-2014 Year 2	2014-2015 Year 3	2015-2016 Year 4	2016-2017 Year 5
Emergency Operations Coordination	Community Preparedness	Community Recovery	Medical Surge	
Emergency Public Information and Warning	Responder Safety and Health	Mass Care		Non-Pharmaceutical Interventions
Information Sharing	Fatality Management Extended into Year 4		Volunteer Management	
Medical Countermeasure Dispensing; Medical Material Management and Distribution; Public Health Laboratory Testing; Public Health Surveillance and Epidemiological Investigation				

# Preparedness Objectives

July 1, 2015 – June 30, 2016

## Local and Tribal Public Health agencies will:

1. Complete the online Capabilities Planning Guide (CPG) surveys on the PCA Portal.  
*The online Capabilities Planning Guide (CPG) survey was completed on the PCA Portal in July of 2015.*
2. Use the Capabilities Assessment Guide results to identify areas for improvement.
  - Select at least three gaps per capability to improve during the contract year.
  - The agency will create or modify plans, coordinate trainings and exercises and obtain resources to close identified gaps.*The Health Department is working on closing gaps in the areas of Fatality Management, Mass Care and Public Health Surveillance and Epidemiological Investigation including trainings, exercises and updating/developing plans.*
3. As feasible, participate in Preparedness meetings, expert panels and workgroups.  
*Gail Scott, Director/Health Officer, attends Preparedness meetings and has participated on expert panels.*
4. Maintain three to five emergency contacts via the PCA Portal.  
*Emergency contacts were updated on the PCA Portal and in the Health Department, ICS Grid and Emergency Operations Plan.*
5. Participate in the Regional Health Care Coalitions.  
*Gail Scott, Director/Health Officer, is attending Preparedness meetings including the South Central Healthcare Coalition meetings.*
6. Participate in the Health Care Coalition Regional Training on the Disaster Tiers Framework.  
*The Health Department will participate in the training when it is offered by the Healthcare Coalition.*



# Preparedness Objectives

## Contract Deliverables

1. Participation in a mid-year discussion with Preparedness Program staff regarding progress to close capabilities gaps, needs and sharing of best practices.  
*Jefferson County Health Department administration has participated in all required discussions and PHEP Q & A sessions.*
2. Submit a proposed budget by October 1, 2015, and an updated actual budget by February 10th, 2016. Provide an end-of-year actual budget by no later than, August 15th, 2016, to the Division of Public Health (DPH).

***Jefferson County Health Department administration has participated in all required discussions and PHEP Q & A sessions.***

***All budgets submitted by deadlines; updates submitted.***

3. Update the jurisdiction's Point of Dispensing (POD) sites on the PCA Portal.  
*Point of Dispensing sites were updated on the PCA Portal.*
4. Participate in one of the seven DPH facilitated Health Care Coalition Regional Exercises and post to the PCA Portal the After Action Report or jurisdictions improvement plan. After Action Reports resulting from a real incident may be used in lieu of an exercise.

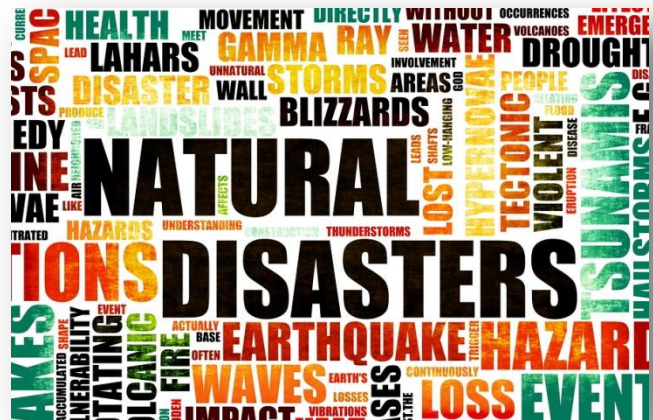
***The Health Care Coalition Regional Exercise will meet this objective.***

- 5. If any community shelters are opened during the grant year, complete the Community Shelter Report on the PCA Portal.**

***No community shelters were opened during the grant year.***

- 6. Complete a Local or Regional Mass Fatality Management Plan and provide it to the Health Care Coalition by December 31, 2015.**

***A Local Mass Fatality Management Plan was developed and provided to the Health Care Coalition by December 31, 2015.***



- 7. Identify a jurisdictional Wisconsin Emergency Assistance Volunteer Registry (WEAVR) administrator by September 30, 2015.**

***Gail Scott, Director/Health Officer serves as the jurisdictional WEAVR administrator.***

- 8. Update the jurisdictions Hazard Vulnerability Assessment (HVA) by June 30, 2016.**

***The Hazard Vulnerability Assessment was updated in early 2016.***

- 9. Participate in Regional WI-Trac training, with at least one person from each Local Public Health Agency registered on WI-Trac.**

*To be completed in 2016.*



# Preparedness Objectives

Using the DHS-provided template, each Regional HealthCare Coalition will report on the region's need for and ability to staff and train potential strike teams. The following list is conceptual and teams may be added or deleted from the list based on regional needs.

- Incident Management Teams
- Functional Assessment Service Team
- Volunteer Reception Center
- Community Assessment for Public Health Emergency Response
- Communicable Disease Strike Teams
- Mass Prophylaxis/Vaccination Teams
- Community Shelter Teams
- Family Assistance Center Teams
- Mental/Behavioral Health Teams



WISCONSIN DEPARTMENT  
OF HEALTH SERVICES

## **Division of Public Health provided Tools/Training/Technical Assistance**

- Maintain the CPG Survey tool on the PCA Portal
- Provide a budget reporting template on the PCA Portal
- Provide a Community Shelter Report template on the PCA Portal
- Provide a Strike Team Feasibility Template
- Facilitate regional exercise in each of the seven Health Emergency Regions
- Facilitate and deliver at least the following trainings:
  - Budget reporting
  - PCA Portal Training & Alerting Training
  - Webcast Capabilities Training for: Mass Care/Emergency Human Services, Medical Surge and Volunteer Management
  - Strategic National Stockpile Trainings
  - Functional Assessment Service Teams (FAST) Training
  - ICS 300 and 400 Training
  - Psychological First Aid Training
  - Emergency Responder Health Monitoring and Surveillance Training
  - Family Assistance Centers for Fatality Management Training
  - Disaster Behavior Health Training
  - Wisconsin Emergency Assistance Volunteer Registry (WEAVR) System/TRAIN Training
- Facilitate the sharing of best practices, resources, tools and templates statewide
- Provide updates on the transition to Regional Healthcare Coalitions

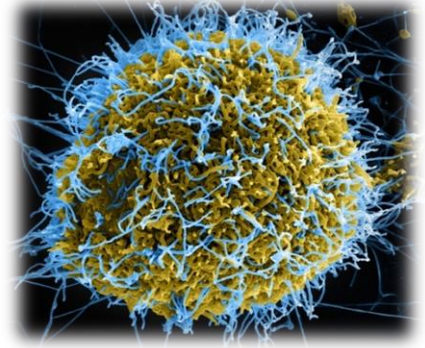


# Ebola Contract Objectives

**CDC Cooperative Agreement: April 1, 2015 – September 30, 2016 (18 Months)**

The threat of Ebola Virus Disease (EVD) is a top national Public Health priority. To protect the nation, CDC is providing supplemental funding to support accelerated State and Local Public Health preparedness planning and operational readiness for responding to Ebola. The funding is intended to:

- Support accelerated Public Health preparedness planning for EVD within State, Local, Territorial and Tribal Public Health systems.
- Improve and assure operational readiness for EVD.
- Support State, Local, Territorial and Tribal Ebola virus disease Public Health response efforts.
- Assure collaboration, coordination and partnership with the jurisdiction's healthcare system to assist in the development of a tiered system for EVD patient care.



## Contract Objectives and Deliverables

### Administrative Readiness:

Submit a proposed budget by June 15, 2015, a mid-year actual budget by December 1, 2015, a 12 month actual budget by June 15, 2016 and a “final” budget for the 18 month period by December 1, 2016. DPH will provide an easy-to-use spreadsheet or other reporting tool.

### Community Preparedness:

Conduct or participate in a multiagency exercise (tabletop or functional) that tests surveillance, monitoring, patient referral and coordination with the healthcare sector, EMS providers, Emergency Management and other partners.

***Deliverable: Ebola Virus Disease Exercise AAR/IP posted to the PCA Portal***

### Non-Pharmaceutical Interventions:

Develop or update Local Ebola Virus-related protocols for rapid and appropriate Public Health actions, such as controlled movement, isolation, quarantine or Public Health orders.

***Deliverable: Synopsis of the protocols or inclusion in the Ebola Virus Disease Exercise AAR/IP***

Coordinate appropriate environmental cleaning and waste management in accordance with the Department of Health Services guidance in community settings (other than healthcare settings) where persons under investigation or those with probable or confirmed Ebola Virus infections have been located.

***Deliverable: Synopsis of the cleanup plan or inclusion in the Ebola Virus Disease Exercise AAR/IP***

### Public Health Surveillance and Epidemiological Investigation:

Have ready an effective jurisdictional monitoring program for travelers from Ebola-impacted countries with a goal of consistently monitoring 100% of travelers and assure that persons who develop symptoms consistent with EVD are rapidly referred to the appropriate level of care for possible testing and treatment.

***Deliverable: Synopsis of the monitoring program or inclusion in the Ebola Virus Disease Exercise AAR/IP***

# Ebola Contract Objectives

Develop standard operating procedures or checklists to mitigate and prevent transmission of Ebola Virus through effective management of all persons under investigation for EVD and those with confirmed EVD.

**Deliverable:** *Synopsis of the standing operating systems/checklist or inclusion in the Ebola Virus Disease Exercise AAR/IP*

## **Responder Safety and Health:**

As needed, assure the safe handling of human remains that may contain Ebola Virus by following decontamination measures according to CDC.

**Deliverable:** *Synopsis of the mass fatality plans infectious remains section or inclusion in the Ebola Virus Disease Exercise AAR/IP*

Jefferson County Health Department response included discussion at numerous staff meetings and with partners such as Jefferson County EMS Chiefs about current guidance for planning and response. Due to the evolution of the outbreak it was decided to use current guidance from the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention documents on the following websites.

<https://www.dhs.wisconsin.gov/disease/ebola-virus-disease-partnerinfo.htm>

<http://www.cdc.gov/vhf/ebola/>

The *Wisconsin Ebola Guidance Overview* document was adopted as the official policy document for Ebola Virus outbreak response. Jefferson County did not have to monitor any travelers or respond to any actual cases of Ebola.

The Health Department did get permission from the State Public Health Preparedness Program to use Ebola funding to pay for time and resources used to monitor chicken farm workers exposed to Avian Influenza. Because this was similar to monitoring and follow-up for those exposed to the Ebola Virus it was agreed that this was a “real-life” event that could prepare Health Department staff for the possibility of Ebola follow-up.



# Preparedness Exercise

## Watertown Train Derailment Tabletop Exercise

The purpose of the tabletop exercise was to improve Operational Coordination, Operational Communications and Planning capabilities by involving Dodge and Jefferson County departments and response partners in a simulated passenger train derailment that impacts the City of Watertown.

Participating Organizations in Tabletop and Functional Exercises		
Local	Watertown Fire Department, Watertown Police Department, Watertown Department of Health	
County	<b>Dodge:</b> Emergency Management, Sheriff's Department, Public Health, Human Services, Medical Examiner's Office, Register of Deeds	<b>Jefferson:</b> Emergency Management, Sheriff's Department, Health Department, Human Services, Medical Examiner's Office, Administrator, Register of Deeds
State	Wisconsin Emergency Management	
Other	American Red Cross, Salvation Army, Nestle Purina, Maranatha Baptist University, Aurora Health Care, Watertown Unified School District, Watertown Regional Medical Center, South Central HealthCare Coalition	

**Copies of the After Action Report/Improvement Plan are available upon request for both exercises. A Full Scale exercise is planned in 2016.**

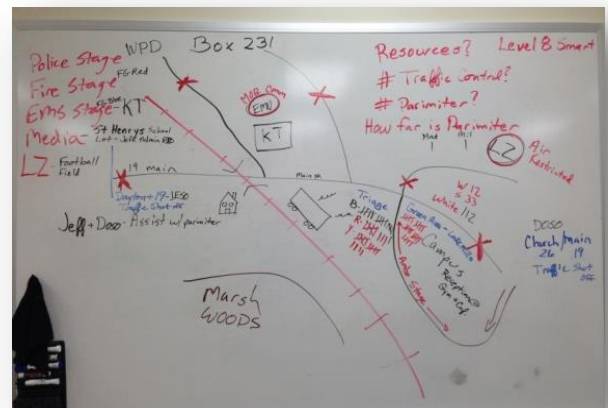




# Watertown Train Derailment Functional Exercise

A functional exercise is a “hands on” command-level performance designed to validate and evaluate the current readiness level of command capability by agency staff members involved in management, direction and command and control operations. A functional exercise is conducted in a real time environment; however the physical movement of actual personnel and resources in the field is completely simulated.

Comments received from the exercise participants and exercise facilitators supported that the Watertown Train Derailment Functional Exercise was successful in assessing participant agencies strengths and areas for improvement.



# Public Health Grants

## **Public Health Grants**

Childhood Lead Poisoning Prevention

HPV Vaccine

Immunization Program

Maternal and Child Health

Public Health Preparedness

Quality Improvement

WIC - Breastfeeding Peer Counselors

WIC - Farmer's Market

WIC - Fit Families

WIC - Women Infants & Children

Wisconsin Well Woman Program

## **Public Health Preparedness Grants**

Ebola Planning & Response

Public Health Emergency Preparedness  
(PHEP Cooperative Agreement with CDC)

# Public Health Grants

## Childhood Lead Poisoning Prevention

*By December 31, 2015, 375 children at risk for lead poisoning who reside in Jefferson County will receive an age-appropriate blood lead test.*

576 children received an age appropriate blood lead test through the Health Department with the following elevated blood lead levels by city:

City	5-9 mcg/dl	10 mcg/dl or Above
Cambridge	1	0
Fort Atkinson	9	2
Helenville	1	0
Jefferson	6	2
Johnson Creek	3	0
Lake Mills	1	1
Sullivan	0	0
Waterloo	3	1
Watertown	2	1
Total	26	7

**Lead poisoning can be prevented. The key is to keep children from coming in contact with lead. If children are lead poisoned they must be treated. Learn how to prevent children's exposure to lead.**

There are many ways to reduce children's exposure to lead *before* they are harmed. Lead hazards in a child's environment must be identified and controlled or removed safely. Lead is invisible to the naked eye and has no smell.

### Sources of Lead

A child's environment is full of lead. Children are exposed to lead from different sources (such as paint, gasoline, solder and consumer products) and through different pathways (such as air, food, water, dust and soil). Although there are several exposure sources, lead-based paint is the most widespread and dangerous high-dose source of lead exposure for young children.

### Health Department Response

The Health Department offers lead testing at WIC and Well Child Clinics. Lead tests can also be obtained at a medical provider.

Children who have a blood lead level of 5-9 mcg/dl are contacted by a Public Health Nurse who offers a home visit and assessment/education on sources of lead. The objective is to prevent the blood lead level from going higher.

Children who have an elevated blood level of  $\geq 10$  mcg/dl are contacted by a Public Health Nurse, who provides education, and a Certified Lead Hazard Inspector, who assess the environment for the source of the lead. In all cases of an elevated blood lead level, the source was found to be lead paint in the child's environment.



# Public Health Grants

## HPV Vaccine Grant

In the Fall of 2014, the Jefferson County Immunization Coalition was awarded funding for, ***“Increasing Human Papillomavirus (HPV) Vaccination Coverage Among Adolescents”***, an HPV grant from the Wisconsin State Immunization Program and Wisconsin Comprehensive Cancer Control Program (WCCCP). A total of \$7,000 was awarded. The Coalition is chaired by Amy Fairfield, RN, BSN, PHN.



Rates for the HPV Vaccine in 2013 were staggeringly low, despite having a vaccine to prevent HPV disease and 6 types of cancers that can be caused by the HPV virus. 34.07% of adolescents had completed only 1 dose of the 3 dose series and 17.83% had completed the entire 3 dose series.

A national HPV initiative was thus launched and the Jefferson County Immunization Coalition jumped on board to join forces with the goal of increasing rates in the community.

The Coalition provided on-site education for health care provider staff at 4 clinics that see adolescent patients, including one of the largest pediatric providers within Jefferson County. A unique format for the in-services was developed by Amy Fairfield and was coined, *“HPV-Jeopardy”*, which presented a Jeopardy-like game format for attendees to play, while learning important information about HPV-related disease, cancer and the HPV vaccine. The ultimate goal was to help providers develop knowledge necessary to provide their strongest recommendation for the HPV vaccine during the immunization encounter.

An advertisement campaign was completed that included Public Service Announcements (PSAs) played at the Jefferson County Fair Park, both for activities before and during the week of the Jefferson County Fair. A newspaper advertisement was placed in the Fair Park newspaper insert that is distributed to 70,000 households prior to the week of the Fair. Advertising was done at Jefferson High School, by inserting an HPV flyer into the sports program for a boys' basketball game. An article was written about HPV disease and related cancers and included in the Jefferson Middle School e-newsletter in the Spring of 2015, with an attachment from the Immunization Action Coalition called *“HPV: A Parent's Guide To Preteen and Teen HPV Vaccination.”*

An unexpected, yet successful school initiative was completed just one week prior to the grant period conclusion. Amy Fairfield provided HPV education through presentations to three Jefferson High School Health classes and one Human Growth and Sexuality class. Approximately 100 students received education on HPV and also received a take-home folder with information for both the student and parent. Students were very engaged and an overwhelming positive response was received by the teacher.

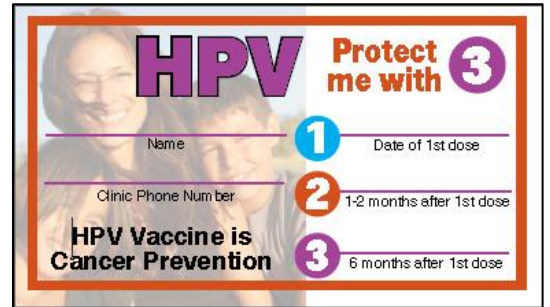




# Public Health Grants

## HPV Vaccine Grant

A Quality Improvement (QI) project was initiated by UW-Madison nursing students, under the guidance of Amy Fairfield for their semester project during the Spring of 2015. The project involved measurement of HPV vaccine rates, running benchmark reports from the Wisconsin Immunization Registry (WIR) and further adapting that data with ad hoc reports that would be used as a tracking tool for outreach completed by the students. A postcard was developed as the outreach tool that was sent as a reminder-recall for parents of children who had not completed their 3-dose HPV vaccine series. Outcome measures were positive at the project's conclusion, 1 year later in March of 2016. HPV rates had shown a steady increase with adolescents completing at least 1 dose of their HPV series as 54% and those completing the series at 32%.



With additional work to do, the Jefferson County Immunization Coalition continues to work diligently in 2016 on Round 2 of the grant. The Coalition looks forward to providing future updates on additional cancer prevention activities within the community and is fortunate to have received funding to provide grant services.

## American Society of Clinical Oncology Urges More Aggressive Use of HPV Vaccination to Prevent Cancer

On April 11, 2016 the American Society of Clinical Oncology (ASCO) published a policy statement that urged increased use of HPV vaccination to prevent cancer. Selected text from a related press release is reprinted below.

Use of Human Papillomavirus (HPV) vaccines should be rapidly expanded to protect thousands of young people in the United States—and millions worldwide—from life-threatening cancers, the American Society of Clinical Oncology (ASCO) said today in a policy statement. Published in the *Journal of Clinical Oncology*, the statement outlines current barriers to HPV vaccination and recommendations to promote the uptake of these vaccines, which have the potential to save millions of lives.

“With safe and effective vaccines readily available, no young person today should have to face the devastating diagnosis of a preventable cancer like cervical cancer. But unless we rapidly increase vaccination rates for boys and girls, many of them will,” said ASCO President Julie M. Vose, MD, MBA, FASCO. “As oncologists, we see the terrible effects of these cancers first hand, and we have to contribute to improving today’s alarmingly low vaccination rates.”

The 2011 National Immunization Survey found that only about 36% of girls and 14% of boys have received the full schedule of HPV vaccines needed to provide protection. Also, in a study published today in the *Journal of Global Oncology*, researchers analyzed data from the North American Association of Central Cancer Registries and found that a 40-year decline in cervical cancer rates in the U.S. has slowed. The study notes that some states with the highest incidence of cervical cancer have low rates of HPV vaccine uptake.

# Public Health Grants

## Immunization Program

*By December 31, 2015, 81% of children residing in Jefferson County Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccinations by their second birthday.*

### What is Benchmarking?

As a component of total quality management, **benchmarking** is a continuous process by which an organization can measure and compare its own processes with those of organizations that are leaders in a particular area or with certain quality standards or goals. Benchmarking can also be used to measure the effectiveness of outreach and education on the standard being tracked.

### Example of Benchmarking

- Identify groups at risk of contracting vaccine-preventable diseases;
- Increase awareness and educational efforts to increase coverage;
- Evaluate how well the efforts work through analysis of coverage data

Year	Complete by Age 2	Late Up to Date	Yearly Goal	Vaccines Given	Clients Immunized	Comments
2015	76%	82%	81%	1,856	1,258	Staff changes and no benchmarking done
2014	79%	85%	83%	2,352	1,424	
2013	81%	86%	80%	2,677	1,805	End of 2013 the state changed the criteria regarding who the Health Department could immunize with State/Federally funded vaccines. Hence the numbers served have dropped and the responsibility increased for the primary providers for immunization compliance.
2012	77%	82%	75%	3,851	2,317	
2011	72%	87%	66%	3,872	2,240	

# Public Health Grants

## Immunization Program

2015 was a year of transition for the Health Department with the retirement of four long term nurses and the subsequent hiring of nurses new to Public Health and immunizations. With the retirement of the Immunization Clinic nurse, no benchmarking of children turning 2 years old was done after April 2015.

The previous immunization nurse would run reports of children soon to turn 2 years old that were not up-to-date with their immunizations. She would call provider offices and parents, as well as send out reminder letters. This benchmarking and data base clean-up are what boosted the up-to-date percentages from 2011 moving forward. It is also the reason the percentages decreased in 2015 when no benchmarking was done by the Health Department.


With the hire of a part-time clinic nurse in February 2016, who will do benchmarking of children under 2, it is hoped the percentage of up-to-date children will improve. The aim is to progress towards 90% of 2 years olds being up-to-date for age.






### Vaccines for Children



20 years of protecting America's children

The Vaccines for Children program was established in 1994 to make vaccines available to uninsured children. VFC has helped prevent disease and save lives...big time!



CDC estimates that vaccination of children born between 1994 and 2013 will:

- prevent **322 million** illnesses →  more than the current population of the entire U.S.A.
- help avoid **732,000** deaths →  greater than the population of Boston, MA.
- save nearly **\$1.4 trillion** in total societal costs (that includes \$295 billion in direct costs) →  or \$4,473 for each American



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/features/vfcprogram](http://www.cdc.gov/features/vfcprogram)

MARR: Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2014. WCRD 2014 | 14.05.2014

# Public Health Grants

## Maternal & Child Health

*By December 31, 2015, planning for the Wisconsin Healthiest Families Initiative will be undertaken by the Jefferson County Health Department in collaboration with community partners focusing on safety/injury prevention.*

The Health Department continues to work with community partners focusing on safety/injury prevention. The Child Death Review Team (CDRT) is convened by the Health Department on a quarterly basis. The team reviews any deaths of children and young adults (up through age 25) and discusses ways in which the death may have been prevented. Programs are then developed in the areas of prevention...such as Cribs for Kids, Infant Safe Sleep education and the provision and safe installation of car safety seats.



Five members of the CDRT attended the Annual Keeping Kids Alive Summit in Madison as required by contract agreement. In keeping with the Safety/Injury focus, two additional Health Department staff were trained, along with firemen from the Waterloo Fire Department, as Certified Passenger Safety Technicians (CPST) who are now able to do car safety seat inspections, installations and education. In 2015, the Health Department received a \$4,000 grant from the Bureau of Transportation Safety (BOTS) for the purchase of 66 car seats that were provided to those in need.



A logic model was completed with the goal of decreasing injury and death in motor vehicle crashes by educating public/parents/school children on proper car seat restraint and state law. The CPST provided education on booster seats for elementary school children in 4K, Kindergarten, 1<sup>st</sup> and 2<sup>nd</sup> grades at Cambridge and Lake Mills Elementary schools. The education in Cambridge was combined with parent-teacher conferences to reach parents with booster seat education.

The Health Department was given a car safety seat on wheels which has enhanced the classroom demonstrations. The long term goal of the education program is not only to decrease deaths and injuries in motor vehicle crashes but to produce lifelong seat belt usage as a safe habit developed early in life.

The CPST also participated in a number of community fairs and events across the county promoting car seat safety such as the County Fair, Night Out with the Cops and Johnson Creek Kids Safety Fair.



The plan for 2016 is to expand the booster seat education program into two other school districts. In 2016, the plan is to further develop the safe sleep message, networking with partners such as local hospitals and medical providers for consistent messaging to new parents.



# Public Health Grants

## Quality Improvement

*By August 16, 2016, Jefferson County Health Department will conduct one activity to meet or sustain National Public Health Performance Standards (i.e. pursue accreditation readiness) by conducting a quality improvement project related to Well Child Clinic services.*

Public Health Nurses formed a QI committee to look at the provision of Well Child Clinic services and outcomes, including looking at data related to the health status of children attending the clinics.



## Wisconsin Well Woman Program

*By June 30, 2015, 32 Jefferson County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.*

### **Activity for 1/1/2015 – 6/30/2015:**

**2015 Re-enrollments = 28    2015 New enrollments = 14**

**Total = 42 enrollments/re-enrollments**

**As of 7/31/2015 – 43 unduplicated women had been screened per completed reporting forms – the 6 month contract required that 32 unduplicated women be screened by 6/30/2015.**

WWWP transitioned to a “Regional Coordinator” model as of 7/1/2015. Aurora Summit Hospital & Clinic was assigned as the Regional Coordinating Agency for Jefferson and Waukesha counties. On August 13, 2015 – 81 “active” WWWP client records (and all “inactive” WWWP client records) were transferred to the new Regional Coordinator.

Since the WWWP started in 1994, Jefferson County Health Department assisted approximately 900 uninsured/under-insured women in receiving breast and cervical cancer screenings.

The Health Department continues to be a “referral source” for women needing WWWP services – connecting them with the WWWP Regional Coordinator.



# Public Health Grants

## WIC - Breastfeeding Peer Counselors



Research has shown that there is no better food than breast milk for the baby's first year of life. Breastfeeding provides many health, nutritional, economic and emotional benefits to the mother and baby. There are also significant benefits to the community, workplace and the environment.

The Jefferson County WIC Breastfeeding Peer Counselor program, with a budget of \$13,063, employed 3 Breastfeeding Peer Counselors in 2015, one of whom speaks Spanish. Peer Counselors make regular contacts with pregnant and breastfeeding women to offer support for breastfeeding. Of 422 pregnant and breastfeeding women, 269, or 64%, received at least one Peer Counselor contact. Peers Counselors are members of the Jefferson Breastfeeding Coalition and promote breastfeeding throughout Jefferson County.

## WIC - Farmer's Market

The goals of the Wisconsin WIC Farmer's Market Nutrition Program (FMNP) are:

- To provide WIC participants with checks to purchase locally-grown fresh fruits, vegetables and herbs at farmer's markets.
- To provide WIC participants with nutrition education and the resources to encourage the consumption of fresh fruits, vegetables and herbs.
- To increase the awareness and use of farmer's markets.

The 2015 FMNP budget was \$2,042 for Wisconsin-grown fruits and vegetables at area Farmer's Markets and staff time spent in promotion and nutrition education. Families were issued \$17 in vouchers for the summer. Of those who accepted the vouchers, 86% spent some or all of the vouchers. Jefferson County WIC FMNP redemption rate is consistently higher than the state average with many Farmer's Markets located throughout the County.



## WIC - Fit Families

The Fit Families Program is a program for WIC families with children ages 2-4. This program emphasizes healthy food choices, physical activity and healthy beverages for families. Fit Families is funded by Supplemental Nutrition Assistance Program Education (SNAP-Ed). The budget was \$15,800, which was used for education materials, incentives for families, staff time and office supplies. 58 children were enrolled and 41 completed the year-long program. Target levels for fruit and vegetable consumption, decreased screen time, decreased sweetened beverage intake and activity were exceeded by participants. Participant satisfaction surveys for parents showed an average 4.74 satisfaction on a 1-5 scale.

### Core Messages:

#### Move More...Watch Less

- Encourage Fit Families participants to engage in active play or physical activity for at least 60 minutes every day and to reduce screen time to two hours or less each day.

#### Make Every Bite Count...More Fruits and Vegetables

- Encourage children and their parents to eat the recommended amount of fruits and vegetables each day.

#### Make Every Sip Count...More Healthy Beverages

- Encourage Fit Families to reduce or eliminate use of sugared beverages.

### Over-arching Message:

- Eat Healthy, Be Active: Your kids are watching!



# Public Health Grants

## WIC - Women Infants & Children

The Jefferson County WIC Program provides healthy foods, nutrition education and referrals for pregnant, breastfeeding and post-partum women, infants up to one year of age and children up to five years of age. The contracted caseload for 2015 was 1,340 participants and the WIC Program maintained that caseload at 98%. The Annual Report of Participation shows that 2,201 participants used the program at some point during 2015. Participants spent \$843,472.56 of WIC food benefits in Jefferson County grocery stores during 2015.



The Wisconsin WIC Program made a major change in its benefit delivery system in 2015. WIC switched from paper food vouchers to Electronic Benefits Transfer (EBT) cards. Jefferson County WIC project made this change over the months of August, September and October 2015. This transition went smoothly. The benefit card is easier to use and more discreet for participants. It has eliminated early redemption of food benefits, which was a problem with paper vouchers. Use of the card has also eliminated the need for special printers and check stock.

### To be eligible for WIC benefits in Wisconsin, a person must meet the following requirements:

- Be a pregnant, breastfeeding or new mother, be an infant up to age one or be a child up to age 5; **and**
- Be a resident of Wisconsin; **and**
- Be income eligible; **and**
- Have a health or nutrition need.

### All participants receive:

- Screening for nutrition and health needs, information on how to use WIC foods to improve health, benefits to buy foods that help keep participants healthy and strong, referrals to doctors, dentists and programs like FoodShare, Medicaid, BadgerCare Plus, Wisconsin Works (W-2) and Head Start.

### Women receive:

- WIC foods, information on healthy eating during pregnancy and breastfeeding, help with starting or continuing breastfeeding.

### Infants receive:

- Help with starting or continuing breastfeeding, infant formula, if needed, immunization referrals, parents/caregivers receive information on taking care of babies.

### Children receive:

- WIC foods, immunization referrals, parents/caregivers receive information on food shopping, recipes and feeding a child.

### Health benefits of WIC:

- Premature births reduced, low birthweight reduced, long-term medical expenses reduced.

### Food Benefits:

- Fruits and vegetables (fresh, frozen, canned), 100% juice, 100% whole wheat bread, brown rice, soft corn or whole wheat tortillas, cereals, beans, peas, lentils (canned or dried), peanut butter, canned fish (light tuna or pink salmon), milk, eggs, cheese, infant cereals, fruits and vegetables and meats.

# Evaluation of 2015 Goals

**In anticipation of ending the Jefferson County Personal Care Program, smoothly transition all clients so that they will continue to receive quality care.**

*By the end of March 2015 all Personal Care Program clients were transitioned and continue to receive care through staffing agencies or the Family Care Program.*

**Successfully replace staff who will retire on May 1, 2015.**

*The Health Department was able to hire three high quality Registered Nurses and a Licensed Practical Nurse to replace those who retired. Orientation of new staff will continue into 2016. The Administrative II position was not filled due to the discontinuation of the Personal Care Program.*

**Continue to prepare to respond to disasters and outbreaks such as Ebola or influenza.**

*The staff continues to train and remain up-to-date on emerging infections and has a close partnership with the State of Wisconsin Division of Public Health, area providers, local Emergency Services, Emergency Management and Fort HealthCare in anticipation of needing to respond.*

**Continue to work on immunization benchmarks and implement the HPV grant.**

*This work continued throughout 2015 and will continue into 2016.*

**Complete the Community Health Improvement Plan and implement in the community.**

*This did not get completed in 2015 so will remain a goal through Dodge-Jefferson Healthier Community Partnership and the Community Health Improvement Plan Team for 2016.*

## Goals for 2016



- Develop, complete and train with new Fatality Management and Family Assistance Center Plans
- Complete local, regional and state-wide Public Health Preparedness exercises
- Continue to work with the South Central HealthCare Coalition in regional response planning
- Complete Well Child Clinic Quality Improvement project
- Provide two Immunization Coalition meetings with an emphasis on the HPV vaccine
- Participate in the state-wide HPV Summit
- Complete the Community Health Improvement Plan
- Complete a new Community Health Assessment with Dodge-Jefferson Healthier Community Partnership and local hospitals in Dodge and Jefferson Counties
- Continue to monitor elevated blood lead levels in the County and provide education on prevention
- Continue to work on immunization benchmarking, HPV grant and the new Adult Immunization grant
- Look at opportunities to partner with our County Departments or community organizations/agencies to address current Public Health issues.



# Honoring a Great Public Health Nurse!



**Marsha Hake, RN, BSN, retired on March 18, 2016. Saying goodbye to such a valued employee is difficult. We thank Marsha for her dedicated and high quality work. She was truly our “go to” nurse when we needed assistance in multiple programs. Her calm, friendly demeanor and expertise in many areas of community health will truly be missed by all who worked with her. We wish her a happy and healthy retirement! Marsha reflected on her 37 year career with Jefferson County:**

“I have spent most of my nursing career working for Jefferson County both at the Countryside Home and the Health Department. From making newborn baby visits to assisting the elderly to live with dignity, it has been a

privilege to service county residents. At the health department I had the opportunity to work with all age populations with home health, personal care, Public Health, WIC and jail nursing duties.

My favorite memories? One would be driving around the county with a long list of home visits, windows open and radio blasting knowing that the visits played an important role in keeping clients in their own homes. Another favorite is the look on a first time mom’s face during her WIC appointment when reassured that her breastfed baby is gaining great and she is successfully providing all of his nutritional needs.

In retirement I plan to spend more time with grandkids, gardening, volunteering and traveling. I will cherish the memories of working with a wide variety of clients and the relationships made with many co-workers.”



# **Jefferson County Health Department**

## **Contact Information**

<b>Community Dental Clinic</b>	<b>920-563-4372</b>
<b>Emergency Number (EMS, Fire, Police)</b>	<b>911</b>
<b>Environmental Health Consortium</b>	<b>920-262-8090</b>
<b>FAX</b>	<b>920-674-7477</b>
<b>Health Department Main Number</b>	<b>920-674-7275</b>
<b>Human Services Main Number</b>	<b>920-674-3105</b>
<b>Immunizations</b>	<b>920-674-7455</b>
<b>Public Health Emergencies (after hours)</b>	<b>920-988-3381</b>
<b>Public Health Program</b>	<b>920-674-7275</b>
<b>Rock River Free Clinic</b>	<b>920-674-7442</b>
<b>WIC</b>	<b>920-674-7189</b>
<b>Facebook: <a href="https://www.facebook.com/JeffersonCountyHealth">https://www.facebook.com/JeffersonCountyHealth</a></b>	
<b>Web Site: <a href="http://www.jeffersoncountywi.gov">www.jeffersoncountywi.gov</a></b>	
<b>E-Mail: <a href="mailto:gails@jeffersoncountywi.gov">gails@jeffersoncountywi.gov</a></b>	